

PERSONAL FINANCIAL STATEMENT

FORM PFS - LOCAL

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET

PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2026, covering calendar year ending December 31, 2025. Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

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1 NAME

TITLE: FIRST, MI

Mr. Ronald A.

NICKNAME: LAST, SUFFIX

Nirenberg

2 ADDRESS

ADDRESS / PO BOX, APT / SUITE #; CITY; STATE; ZIP CODE

3 TELEPHONE NUMBER

AREA CODE

PHONE NUMBER: EXTENSION

4 REASON FOR FILING STATEMENT

- ☒ CANDIDATE Bexar County Judge (INDICATE OFFICE)
- ☐ ELECTED OFFICER _____ (INDICATE OFFICE)
- ☐ APPOINTED OFFICER _____ (INDICATE AGENCY)
- ☐ EXECUTIVE HEAD _____ (INDICATE AGENCY)
- ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- ☐ STATE PARTY CHAIR _____ (INDICATE PARTY)
- ☐ OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Erika Prosper

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT

COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☐ N/A Part 2 - Stock
- ☐ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☐ N/A Part 4 - Mutual Funds
- ☒ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☐ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☐ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☒ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☐ N/A Part 11A - Ownership of Business Associations
- ☐ N/A Part 11B - Assets of Business Associations
- ☐ N/A Part 11C - Liabilities of Business Associations
- ☐ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1	INFORMATION RELATES TO	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
2	EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
	☒ EMPLOYED BY ANOTHER	City of San Antonio 100 Military Plaza San Antonio, Texas 78205		
	☐ SELF-EMPLOYED	NATURE OF OCCUPATION Mayor		
	INFORMATION RELATES TO	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
	EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
	☒ EMPLOYED BY ANOTHER	Trinity University 1 Trinity Place San Antonio, Texas 78212		
	☐ SELF-EMPLOYED	NATURE OF OCCUPATION Professor of Practice		
	INFORMATION RELATES TO	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
	EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
	☒ EMPLOYED BY ANOTHER	The RAN Partnership, LLC San Antonio, Texas		
	☐ SELF-EMPLOYED	NATURE OF OCCUPATION CEO		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1	INFORMATION RELATES TO	☐ FILER	☒ SPOUSE	☐ DEPENDENT CHILD _____
2	EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
	☒ EMPLOYED BY ANOTHER	H.E.B. Grocery 646 So. Main San Antonio, Texas 78204		
	☐ SELF-EMPLOYED	NATURE OF OCCUPATION Senior Executive		
	INFORMATION RELATES TO	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
	EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
	☐ EMPLOYED BY ANOTHER			
	☐ SELF-EMPLOYED	NATURE OF OCCUPATION		
	INFORMATION RELATES TO	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
	EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
	☐ EMPLOYED BY ANOTHER			
	☐ SELF-EMPLOYED	NATURE OF OCCUPATION		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

STOCK**PART 2**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ENTITY	NAME First Solar			
2 STOCK HELD OR ACQUIRED BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☒ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
4 IF SOLD	☐ NET GAIN			
	☐ NET LOSS			
	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE
BUSINESS ENTITY	NAME General Electric			
STOCK HELD OR ACQUIRED BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☒ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD	☐ NET GAIN			
	☐ NET LOSS			
	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE
BUSINESS ENTITY	NAME Bank of America			
STOCK HELD OR ACQUIRED BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☒ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD	☐ NET GAIN			
	☐ NET LOSS			
	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE
BUSINESS ENTITY	NAME AT&T			
STOCK HELD OR ACQUIRED BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☒ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD	☐ NET GAIN			
	☐ NET LOSS			
	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE
BUSINESS ENTITY	NAME GE Health Technologies			
STOCK HELD OR ACQUIRED BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☒ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD	☐ NET GAIN			
	☐ NET LOSS			
	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

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1 BUSINESS ENTITY		Comcast			
		NAME			
2 STOCK HELD OR ACQUIRED BY		☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES		☒ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
		☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE
BUSINESS ENTITY		Gerdau, SA			
		NAME			
STOCK HELD OR ACQUIRED BY		☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES		☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
		☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE
BUSINESS ENTITY		Virgin Galactic Holdings			
		NAME			
STOCK HELD OR ACQUIRED BY		☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES		☒ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
		☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE
BUSINESS ENTITY		GE Vernova			
		NAME			
STOCK HELD OR ACQUIRED BY		☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES		☒ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
		☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE
BUSINESS ENTITY					
		NAME			
STOCK HELD OR ACQUIRED BY		☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES		☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
		☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BONDS, NOTES & OTHER COMMERCIAL PAPER**PART 3**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 DESCRIPTION OF INSTRUMENT	United States Treasury Bond
2 HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☒ DEPENDENT CHILD [REDACTED]
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE
DESCRIPTION OF INSTRUMENT	United States Treasury Bond
HELD OR ACQUIRED BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 MUTUAL FUND	NAME Vanguard Roth IRA		
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☒ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE		
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE		
MUTUAL FUND	NAME Vanguard Roth IRA		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER	☒ SPOUSE	☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☒ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE		
MUTUAL FUND	NAME Fidelity Investments - Trinity University		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 MUTUAL FUND	NAME Charles Schwab 401K - H.E.B. Grocery		
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER	☒ SPOUSE	☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE		
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE		
MUTUAL FUND	NAME Vanguard 403(b) - University of Pennsylvania		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☒ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE		
MUTUAL FUND	NAME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED]
3 DESCRIPTION ☒ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Single Family Residential Lot, Developed Homestead, Bexar County
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,809 ☐ \$55,810 OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,809 ☐ \$55,810 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS The RAN Partnership, LLC
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE
HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS Nirenberg Fitness Training., Ltd. Co.
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE
HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ColectivaMente Consulting, Ltd. Co.
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE

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OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet and **DO NOT** include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS - INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS		
	The RAN Partnership, LLC		
2 BUSINESS TYPE	☐ Corporation	☐ Limited Partnership	☐ Professional Association
	☐ Firm	☐ Limited Liability Partnership	☐ Joint Venture
	☐ Partnership	☐ Professional Corporation	☒ Other <u>LLC</u>
3 HELD, ACQUIRED, OR SOLD BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS		
	Nirenberg Fitness Training, Ltd. Co.		
BUSINESS TYPE	☐ Corporation	☐ Limited Partnership	☐ Professional Association
	☐ Firm	☐ Limited Liability Partnership	☐ Joint Venture
	☐ Partnership	☐ Professional Corporation	☒ Other <u>LLC</u>
HELD, ACQUIRED, OR SOLD BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS		
	ColectivaMente Consulting, Ltd. Co.		
BUSINESS TYPE	☐ Corporation	☐ Limited Partnership	☐ Professional Association
	☐ Firm	☐ Limited Liability Partnership	☐ Joint Venture
	☐ Partnership	☐ Professional Corporation	☒ Other <u>LLC</u>
HELD, ACQUIRED, OR SOLD BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS		
BUSINESS TYPE	☐ Corporation	☐ Limited Partnership	☐ Professional Association
	☐ Firm	☐ Limited Liability Partnership	☐ Joint Venture
	☐ Partnership	☐ Professional Corporation	☐ Other _____
HELD, ACQUIRED, OR SOLD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS The RAN Partnership, LLC	
2 BUSINESS TYPE	Limited Liability Company	
3 HELD, ACQUIRED, OR SOLD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
4 ASSETS	DESCRIPTION No Assets	CATEGORY ☐ LESS THAN \$11,120 ☐ \$11,120-\$22,239 ☐ \$22,240-\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120-\$22,239 ☐ \$22,240-\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120-\$22,239 ☐ \$22,240-\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120-\$22,239 ☐ \$22,240-\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120-\$22,239 ☐ \$22,240-\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120-\$22,239 ☐ \$22,240-\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120-\$22,239 ☐ \$22,240-\$55,609 ☐ \$55,610 OR MORE
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COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS-INSTRUCTION GUIDE.

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1 BUSINESS ASSOCIATION	NAME AND ADDRESS ColectivaMente Consulting, Ltd. Co.	
2 BUSINESS TYPE	Limited Liability Company	
3 HELD, ACQUIRED, OR SOLD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
4 ASSETS	DESCRIPTION No Assets	CATEGORY ☐ LESS THAN \$11,120 ☐ \$11,120-\$22,239 ☐ \$22,240-\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120-\$22,239 ☐ \$22,240-\$55,609 ☐ \$55,610 OR MORE
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1 BUSINESS ASSOCIATION	NAME AND ADDRESS Nirenberg Fitness Training, Ltd. Co.																																														
2 BUSINESS TYPE	Limited Liability Company																																														
3 HELD, ACQUIRED, OR SOLD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____																																														
4 ASSETS	<table border="1"><thead><tr><th>DESCRIPTION</th><th colspan="2">CATEGORY</th></tr></thead><tbody><tr><td>No Assets</td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120-\$22,239</td></tr><tr><td></td><td>☐ \$22,240-\$55,609</td><td>☐ \$55,610 OR MORE</td></tr><tr><td></td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120-\$22,239</td></tr><tr><td></td><td>☐ \$22,240-\$55,609</td><td>☐ \$55,610 OR MORE</td></tr><tr><td></td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120-\$22,239</td></tr><tr><td></td><td>☐ \$22,240-\$55,609</td><td>☐ \$55,610 OR MORE</td></tr><tr><td></td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120-\$22,239</td></tr><tr><td></td><td>☐ \$22,240-\$55,609</td><td>☐ \$55,610 OR MORE</td></tr><tr><td></td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120-\$22,239</td></tr><tr><td></td><td>☐ \$22,240-\$55,609</td><td>☐ \$55,610 OR MORE</td></tr><tr><td></td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120-\$22,239</td></tr><tr><td></td><td>☐ \$22,240-\$55,609</td><td>☐ \$55,610 OR MORE</td></tr><tr><td></td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120-\$22,239</td></tr><tr><td></td><td>☐ \$22,240-\$55,609</td><td>☐ \$55,610 OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY		No Assets	☐ LESS THAN \$11,120	☐ \$11,120-\$22,239		☐ \$22,240-\$55,609	☐ \$55,610 OR MORE		☐ LESS THAN \$11,120	☐ \$11,120-\$22,239		☐ \$22,240-\$55,609	☐ \$55,610 OR MORE		☐ LESS THAN \$11,120	☐ \$11,120-\$22,239		☐ \$22,240-\$55,609	☐ \$55,610 OR MORE		☐ LESS THAN \$11,120	☐ \$11,120-\$22,239		☐ \$22,240-\$55,609	☐ \$55,610 OR MORE		☐ LESS THAN \$11,120	☐ \$11,120-\$22,239		☐ \$22,240-\$55,609	☐ \$55,610 OR MORE		☐ LESS THAN \$11,120	☐ \$11,120-\$22,239		☐ \$22,240-\$55,609	☐ \$55,610 OR MORE		☐ LESS THAN \$11,120	☐ \$11,120-\$22,239		☐ \$22,240-\$55,609	☐ \$55,610 OR MORE
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LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the liabilities. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS	
	The RAN Partnership, LLC	
2 BUSINESS TYPE	Limited Liability Company	
3 HELD, ACQUIRED, OR SOLD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
4 LIABILITIES	DESCRIPTION	CATEGORY
	No liabilities	☐ LESS THAN \$11,120 ☐ \$11,120-\$22,239 ☐ \$22,240-\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120-\$22,239 ☐ \$22,240-\$55,609 ☐ \$55,610 OR MORE
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1 BUSINESS ASSOCIATION	NAME AND ADDRESS ColectivaMente Consulting, Ltd. Co.	
2 BUSINESS TYPE	Limited Liability Company	
3 HELD, ACQUIRED, OR SOLD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
4 LIABILITIES	DESCRIPTION No Liabilities	CATEGORY ☐ LESS THAN \$11,120 ☐ \$11,120-\$22,239 ☐ \$22,240-\$55,609 ☐ \$55,610 OR MORE
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1 BUSINESS ASSOCIATION	NAME AND ADDRESS Nirenberg Fitness Training, Ltd. Co.	
2 BUSINESS TYPE	Limited Liability Company	
3 HELD, ACQUIRED, OR SOLD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
4 LIABILITIES	DESCRIPTION No Liabilities	CATEGORY ☐ LESS THAN \$11,120 ☐ \$11,120-\$22,239 ☐ \$22,240-\$55,609 ☐ \$55,610 OR MORE
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BOARDS AND EXECUTIVE POSITIONS**PART 12**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

¹ ORGANIZATION	The RAN Partnership, LLC
² POSITION HELD	CEO
³ POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	ColectivaMente Consulting, Ltd. Co.
POSITION HELD	President
POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Nirenberg Fitness Training, Ltd. Co.
POSITION HELD	President
POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Sister Cities International
POSITION HELD	Chair Emeritus
POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	World Affairs Council
POSITION HELD	Board of Directors
POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
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BOARDS AND EXECUTIVE POSITIONS

PART 12

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¹ ORGANIZATION	Organization of Filipinos in Texas
² POSITION HELD	Board of Directors
³ POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	SuperCity AI
POSITION HELD	Advisory Board
POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Girl Scouts of Southwest Texas
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Methodist Healthcare Ministries
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Mexican American Civil Rights Institute
POSITION HELD	Advisory Board
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____

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¹ ORGANIZATION	Main Plaza Conservancy
² POSITION HELD	Advisory Board of Directors
³ POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2025, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

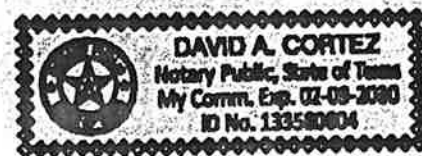


Signature of Filer

Please complete either option below:

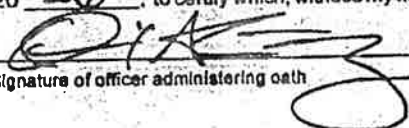
(1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by Ron Nivenberg this the 12th day of February

20 26 to certify which, witness my hand and seal of office.

 David A. Cortez PB Officer
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Registrant (Declarant)



VG-203-2026-20260016620

File Information

**FILED IN THE OFFICIAL PUBLIC RECORDS OF BEXAR COUNTY
LUCY ADAME-CLARK, BEXAR COUNTY CLERK**

Document Number: 20260016620
Recorded Date: February 12, 2026
Recorded Time: 4:53 PM
Total Pages: 23
Total Fees: \$0.00

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Any provision herein which restricts the sale or use of the described real property because of race is invalid and unenforceable under Federal law

STATE OF TEXAS, COUNTY OF BEXAR

I hereby Certify that this instrument was FILED in File Number Sequence on this date and at the time stamped hereon by me and was duly RECORDED in the Official Public Record of Bexar County, Texas on:
2/12/2026 4:53 PM



Lucy Adame-Clark
Lucy Adame-Clark
Bexar County Clerk